



**COMMONWEALTH OF KENTUCKY**

Department of Insurance  
P .O. Box 517  
Frankfort, Kentucky 40602-0517

Property & Casualty Division  
Liability Self-Insured Group  
Face & Verification Form

**LIABILITY SELF-INSURED GROUP INFORMATION**

NAME \_\_\_\_\_ DOI # \_\_\_\_\_ LETTER DATE \_\_\_\_\_

**FILING INFORMATION AND STATEMENT**

LINE OF INSURANCE 5 TYPE OF FILING: RATE &/OR RULE  FORM

FILING FEE: \$5.00 FILING BASIS: PRIOR APPROVAL  USE & FILE

*I CERTIFY THAT I HAVE BEEN AUTHORIZED TO MAKE THIS FILING AND THAT THE INFORMATION PROVIDED ON THE SYNOPSIS FORMS AND OTHER SUPPLEMENTARY AND SUPPORTING INFORMATION IS ACCURATE AND APPROPRIATE.*

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**ATTACH THIS FORM AS THE FIRST PAGE OF EACH DOCUMENT SET OF THE TWO DOCUMENT SETS REQUIRED. INCLUDE A THIRD COPY OF YOUR COVER LETTER WITH A SELF-ADDRESSED, STAMPED ENVELOPE FOR RETURN.**

**FOR DEPARTMENT USE ONLY**

ATTACH FILING FEE HERE	REMARKS	ANALYST	CASHIER STAMP
		LOG-IN STAMP	
		ACTION STAMP	
			MAIL ROOM STAMP